Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

Entities	Date of This Filing _	10/04/2016	Date Stamp	CALIFORNIA 497	
I.D. NUMBER (if applicable) 482424	Report No	LCR100416		For Official Use Only	
	to Report No		Page 1 of 3		
STATE ZIP CODE CA 91352		3			
s) Received					
DATE RECEIVED FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AMOUNT RECEIVED		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			
PTY - Political Party (other than PTY or SCC) SCC - Small Contributor Comm	nittee				
	I.D. NUMBER (if applicable) 482424 STATE ZIP CODE CA 91352 S) Received FULL NAME, MAILING ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PTY - Political Party	Entities I.D. NUMBER (# applicable) Report No Amendme to Report No (explain below) No. of Pages STATE ZIP CODE	This Filing 10/04/2016 L.D. NUMBER (# applicable) 482424 Report No. LCR100416 Amendment to Report No. (explain below) No. of Pages 3 S) Received FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO ENTER LD. NUMBER) IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM COTH COTH PTY SCC COTH COTH	Entities I.D. NUMBER (If applicable) Report No. LCR100416 Award Report No. LCR100416 Amendment to Report No. (systain ballow) No. of Pages 3 STATE ZIP CODE CATE 91352 No. of Pages 3 SPECEIVED FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CODE ENTER OCCUPATION AND EN (IF SELF-EMPLOYEE, ENTER NAME OF BUILD CODE COM COTH COM COTH COM COM COTH COM COM COTH COM COM COM COM COM COM COM COTH COM COM	

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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LATE CONTRIBUTION REPORT

NAME OF FILER Waste Management & Affiliated Entities		Date of This Filing10/04/2016	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 482424	Report No. LCR100416		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 2 of 3	
CITY Sun Valley	STATE ZIP CODE CA 91352	No. of Pages 3		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/04/2016	Imelda Padilla Covina, CA 91722	Imelda Padilla Board of Education District 6 Jurisdiction: Other	\$500.00	
	ID# 1389749 Memo Reference: EXP:S497:3692			

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: EXP:S497:3692 Contribution by WM Southern California	
Contribution by WM Southern California	